Name In Full

W Berry

Certificate of Death

Died at Town Winchester County 2 a a MARYLAND

Date 1899 Month May Day 10 | Age Y. 6 M. D. | Native of 2 a Go | Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced ~~Number of children living~~

Husband of Wife

Father's Name Wughlson Berry

Mother's Name

Cause of Death: Primary don't Know 161 OVER

Immediate

How long sick

Accident, Suicide, Homicide

Reported by W C McConnor

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. dont Known

of

Seen by Coroner

of

Information contained in this certificate received from

of

Name in Full

Certificate of Death

Annie Maria Carter

Town

County

Died at near Star

Queen Anne

MARYLAND

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	May	17		78			And	None

~~Male~~ ~~White~~ Married Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of Pompey Mason

Father's Name

Mother's Name

Cause of Death { Primary: Old age 141 — How long sick: about 1 month

Immediate: Dropsy — ~~Accident~~, Suicide, ~~Homicide~~

Reported by Walter H. Fenby

Address Ruthsburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name in Full John W Cook

Certificate of Death

Died at Town Centreville County Queen Annes MARYLAND

Date 189 9 Month 5 Day 3 Age Y. 45 M. D. Native of Md. Occupation Laborer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 7

Husband / Wife of Rebecca Hollis

Father's Name — Mother's Name —

Cause of Death: Primary Brights disease — How long sick one year

Immediate 97 — ~~Accident, Suicide, Homicide~~

Reported by Ernest Cook (Son)

Address Centreville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65963

Name in Full

Asbury Grimage

Certificate of Death

Died at Town: Star County: Queen Anne MARYLAND

Date 1899 Month: May Day: 27

Age Y. 78 M. 6 D. 12

Native of America

Occupation Preacher

Male ~~Female~~ ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living two

Husband of Wife Phoeba Grimage

Father's Name Jessie Grimage

Mother's Neme Queen Marrco Grimage

Cause of Death — Primary 77

How long sick 7 days

Immediate Hemmrage of Lungs

Accident, Suicide, Homicide

Reported by John L Russum Undertaker

Address Hillsboro Caroline Co Md

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. None

of _____

Seen by Coroner _____

of _____

Name in Full | Certificate of Death

Samuel N. Horney

Died at Town: Near Carmichael County: Queen Anne MARYLAND

Date 1899 Month: 5 Day: 26 Age Y. 24 M. D. Native of: Maryland Occupation: Farmer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband ~~Wife~~ of A Miss Hall

Father's Name Saml K. Horney Mother's Name 22a

Cause of Death: Primary Phthisis Pulmonalis How long sick One year

Immediate Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Howard R. Hopkins M.D.

Address Wye Mills. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name In Full

Certificate of Death

David L. Jones

Died at Kent Island (Town) Queen Anne (County) MARYLAND

Date 189 9 Month 5 Day 10 | Age Y. 64 M. D. | Native of Kent Island | Occupation Oysterman

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 2

Husband ~~Wife~~ of Julia A. Jones (deceased)

Father's Name | Mother's Name

Cause of Death — Primary: Consumption — How long sick: 12 mos.

Immediate: 22a — ~~Accident, Suicide, Homicide~~

Reported by Hugh A. Legg, Undertaker

Address Kent Island Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Attended by Dr. Jno Pluyo.

of

Seen by Coroner

of

Information contained in this certificate received from

of

Name In Full John F. Jump

Certificate of Death

Died at Town Centreville County Queen Anne MARYLAND

Date 189 Month 5 Day 10 Y. 72 M. D. | Native of | Occupation

~~Male~~ ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife Annie M. Turner

Father's Name | Mother's Name

Cause of Death: Primary — General debility — How long sick

Immediate — 141 — Accident, Suicide, Homicide

Reported by Centreville Record 5-13

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70000

Name in Full

A Kilson

Certificate of Death

Died at Town near Tunstown County 2 a Co MARYLAND

Date 1894 May Month 5 Day

Age Y. 2 M. — D.

Native of 2 a Co

Occupation

Male Male ~~Female~~ ~~White~~ Colored Col Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Mc Kilson

Mother's Name 86

Cause of Death Primary Croope

Immediate

How long sick dont [illegible]

Accident, Suicide, Homicide

OVER

Reported by W C McConnor

OVER

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Dont Know

of

Seen by Coroner

of

Information contained in this certificate received from

of

Name In Full

Leonora Lowe

Certificate of Death

Died at ~~Town~~ Stevensville County Queen Annes MARYLAND

Date 1899 Month May Day 2nd Age Y. 40 M. D. Native of Queen Annes Co. Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband of~~ Wife Geo. S. Lowe

Father's Name Richd Cray Mother's Name Martha Cray

Cause of Death: Primary Child-birth 118 How long sick 2 wks.

Immediate Heart disease ~~Accident, Suicide, Homicide~~

Reported by John R. Benton M.D.

Address Kent Island, P.O. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full — Certificate of Death

Mrs Julia A. Thorgon

Died at Town: Queen Anne, County: Queen Anne — MARYLAND

Date 1899 Month: May Day: 15th | Age Y.: 61 yrs M.: D.: | Native of: Md. | Occupation: ———

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single Widow ~~Widower~~ | Number of children living Seven

Husband of / Wife

Father's Name: Alaby Jury — Mother's Name: Elizabeth Pratt

Cause of Death — Primary: Dysentery 84 — How long sick: 7 days

Immediate — Accident, Suicide, Homicide

Reported by: Bobby Hopkett M.D.

Address: Queen Anne Md.

Must be signed by physician, if any in attendance, otharwise by coroner, undertaker or ministar.

LIBRARY BUREAU. 7928R

Name in Full Mrs Sarah R. Neal

Certificate of Death

Died at Town near Centreville County 2. A. Co MARYLAND

Date 1899 Month 5 Day 28 Age Y. 68 M. 10 D. 27 Native of Md Occupation Housekeeping

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

Husband of Wife

Father's Name

Mother's Name 97

Cause of Death Primary Chronic Nephritis How long sick 4 or 5 yrs

Immediate Uremia ~~Accident, Suicide, Homicide~~

Reported by J. M. Jackson M.D.

Address Centreville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Mrs Colasiae Parks

Died at Town Winchlin County 2 a br MARYLAND

Date 1894 Month May Day 12 Age Y. M. D. Native of Ma Occupation

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of Wife Colasiae Parks

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

OVER

Reported by M C Mbonnum

Address

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Dr C J Davidson

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full Alverta Rasberry

Certificate of Death

Died at New Ralph's (Town) · Queen Annes (County) MARYLAND

Date 1899 Month 5 Day 16th Age Y. 2 M. 4 D. 16 | Native of Md. Occupation ——

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife ——

Father's Name James Rasberry

Mother's Name Annie Rasberry

Cause of Death { Primary Peritonitis 93 | How long sick 3 mos.

Immediate | Accident, Suicide, Homicide

Reported by J K Brown

Address Church Hill

over

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Attended by Dr. S C Dudley Replied

of Church Hill Md

Information contained in the certificate was received from

of Jas Rosberry

Replied that he did not see the child.

Name in Full

Wm G. Robinson

Certificate of Death

Died at Town Kent Island County Q. A. Co MARYLAND

Date 189 9 Month May Day 20 | Age Y 20 M. 2 D. 1 | Native of Kent Island | Occupation oysterman

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living None

Husband / Wife of Nobody

Father's Name Jas Robinson

Mother's Name Martha Watkins

Cause of Death — Primary: Grip, Got Wet - Bright's Disease — How long sick 3 Mos

Immediate: Convulsions 9

~~Accident Suicide Homicide~~

Reported by Chas. F. Davidson

Address Queenstown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full John M Seward

Certificate of Death

Died at Town Queen Anne County Queen Anne MARYLAND

Date 1899 Month May Day 31 Age Y. 43 M. 5 D. Native of America Occupation Trader

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living One

Husband / Wife of Netta J Seward

Father's Name John C Seward Mother's Name Mary Seward

Cause of Death: Primary Billious Disentary 84 How long sick 10 days

Immediate Internal Hemorage Accident, Suicide, Homicide

Reported by J F Russom Undertaker

Address Hillsboro Caroline Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Attended by Dr. H. V. Rickard

of Ridgely Md

Seen by Coroner

of

Name in Full: Esther Smith

Certificate of Death

Died at Town: Centreville County: Queen Anns MARYLAND

Date 189 9 Month: May Day: 29 | Age Y. 78 M. D. | Native of Delaware | Occupation Lady

~~Male~~ Female | White / ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 3

~~Husband~~ Wife of D. P. Smith 74

Father's Name Sam Townsend | Mother's Name Harriet Humphries

Cause of Death: Primar Congestion of the lungs | How long sick 4 days

Immediate Cardiac failure | ~~Accident, Suicide~~, Homicide

Reported by Jas Bordley M.D.

Address Centreville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Mildred Walters

Certificate of Death

Died at Town Centreville County Queen Annie MARYLAND

Date 189 9 Month May Day 29 | Age Y. 2 M. 6 D. – | Native of Md. | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name J. C. Walters Jr. Mother's Name Amelia Courtney

Cause of Death: Primar Broncho-pneumonia | How long sick

Immediate Cerebral Congestion | Accident, Suicide, Homicide

Reported by James Bordley M.D.

Address Centreville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Watkins

Certificate of Death

Died at Town Kents Island County Queen Anne MARYLAND

Date 189 9 Month 6 Day 19 | Age Y. About 20 M. 9½ D. | Native of K. I. | Occupation Oystering

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced ~~Number of children living~~

Husband of

Wife

Father's Name 22a

Mother's Name Watkins

Cause of Death: Primary Consumption — How long sick

Immediate — ~~Accident~~, Suicide, Homicide

Reported by Hugh C. Legg, Undertaker

Address Kent Co. Md. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

6-22

Attended by Dr. Davidson

of Queenstown

Replied Lecture art attend.

Seen by Coroner

of

Information contained in this certificate received from

of

Name in Full

Certificate of Death

Mandy Whitticoe

Died at Town: Kent Island County: Queen Anne's MARYLAND

Date 189 9 Month: May Day: 1 Age Y. 53 M. - D. - Native of Md. Kent Isld. Occupation Housewife

~~Male~~ ~~Female~~ Colored ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living one

~~Husband~~ Wife of Raymond Whitticoe

Father's Name Liege Richardson Mother's Name Sophia Smith

Cause of Death: Primary Paralysis 44 How long sick 11 days

Immediate

~~Accident, Suicide, Homicide~~

Reported by C. Percy Kemp, M.D.

Address Kent Island Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name In Full

Certificate of Death

Henry Wilson

Died at Town: Kent Island County: Queen Annes MARYLAND

Date 189 9 Month: May Day: 9 | Age Y. 58 M. — D. — | Native of Md. | Occupation Laborer

Male ~~Female~~ | Colored ~~Single~~ Married ~~Widow Widower~~ ~~Divorced~~ | Number of children living 1

Husband / Wife of Hester Wilson

Father's Name Chas Wilson | Mother's Name Hester Wilson

Cause of Death — Primary: Paralysis 44 | How long sick 2 days

Immediate: Exhaustion | Accident, Suicide, Homicide

Reported by C Perry Kemp, M.D.

Address Kent Island Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name in Full

Certificate of Death

Ella May Wisher

Died at Town Barclay County Queen Anne MARYLAND

Date 1899 Month Day Apr May 15 Age Y. 6 M. D. Native of Penna Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife William a wisher

Father's Name William a wisher Mother's Name Gertrud wisher

Cause of Death Primary Tuberculosis How long sick 6 months

Immediate 22a Accident, Suicide, Homicide

Reported by Jos Stafford

Address Sudlersville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968